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AUTHOR Griffin, Abbey; And Others
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ABSTRACT

This paper describes the Gallaudet University Child Development Center (an early childhood program serving the children of university staff, faculty, and students), focusing on its model integration program at the Kendall Demonstration Elementary School (District of Columbia). The program uses a "split placement" model to promote integrative socialization experiences through regular, part-time interaction between deaf Kendall School children and hearing children at the Child Development Center. The program demonstrates use of campus school and academic department resources to provide necessary special services to children, families, and early childhood professionals. The program seeks to develop an effective interagency cooperative model for the provision of services to deaf children within a child care setting; and to design and implement an educational, social, language-rich, integrated preschool curriculum. Program objectives, essential program components, teaching strategies, and potential nationwide target population are discussed. (22 references) (PB)

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Gallaudet University Child Development Center's Model Integration Program

Abbey Griffin
Washington, D.C.

Gail Solit
Gallaudet University
Child Development Center

Barbara Bodner-Johnson
Gallaudet University
Department of Education

Correspond To: Gail Solit
Gallaudet University
Child Development Center
800 Florida Avenue, N.E.
Washington, D.C. 20002
(202) 651-5130

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ABSTRACT

Campus child care can provide leadership in demonstrating the kinds of services, professional development, cooperative planning, and interagency agreement essential for successful implementation of the Education of the Handicapped Act Amendments of 1986, P.L. 99-457. The Gallaudet University Child Development Center (CDC) integrates deaf children, and children with other special needs and demonstrates the use of campus school and academic department resources to provide necessary special services to children, families, and early childhood professionals.

Gallaudet University Child Development Center's Model Integration Program

When child care centers are located on University campuses, relationships can develop that promote collaboration and opportunities for the exchange of valuable resources. The nature of these relationships depends on the particular needs and resources of the child care center and the cooperating academic departments. For example, Tufts University Education Day Care Center's curriculum, "The Campus as Community," demonstrates the range of learning opportunities that can be used to enhance the curriculum for children. Campus child care centers also have access to a rich and available student labor pool. Academic departments, in turn, have access to the center for practicum, volunteer field experiences, child observation and research.

Campus child care centers are in a unique position to develop and demonstrate services to children with special developmental needs and sensory impairments. Professional consultation for assessments, curriculum design, family counselling and inservice training are available through departments of psychology, education, speech-language, physical education, among others. Further, by developing appropriate services to young children with special needs and their families, campus child care can provide leadership in demonstrating the kinds of services, professional development, cooperative planning, and interagency agreements essential for successful implementation of Public Law 99-457 (1986).

The Gallaudet University Child Development Center (CDC) provides a high quality, developmentally appropriate early childhood program to the children of university staff, faculty and students. The CDC offers field experiences to

students from a wide range of academic departments and is also a site for faculty and student research. As a liberal arts university for deaf students, Gallaudet University is a unique institution of higher education. Its child care center reflects that uniqueness.

The Child Development Center (CDC) enrolls 58 children 2 to 5 years of age and offers before and after-school care for 8 children 5 to 10 years old. Of the 58 children, 15 are hearing-impaired, 4 are speech-language delayed, 1 is physically handicapped and 3 are developmentally delayed. One half of the parents of the full-time children and 6 of the 12 regular teachers are deaf.

The CDC demonstrates the three integration models described by Templeman, Fredericks & Udell (1989). Full-time children with special needs are served in a "regular community placement" in which all services are coordinated through the center and children interact freely and engage in all activities without differentiation. The before/after school children are provided a "supplemental placement" where services are delivered through their regular special education program. In 1988, Kendall Demonstration Elementary School (KDES) on the Gallaudet University campus and the CDC entered into a collaborative agreement to develop a "split placement" model for hearing and non-hearing preschoolers. Split placement requires the coordination of services through two programs. It is the latter that is the focus of this article.

The CDC/KDES Integration Project was created under a three-year grant from the U.S. Department of Education, Handicapped Children Early Education Program (HCEEP) and was designed to promote integrative socialization experiences through regular, part-time interaction between deaf Kendall School

children and hearing children at the CDC. In its second year of operation, six deaf children spend a minimum of two days a week at the CDC. Kendall School provides CDC with deafness-related and special education training and resources including their library and playground facilities. The CDC teachers, in turn, plan curriculum adapted to the needs of the Kendall children at no cost to parents.

Linkages with university departments provide additional services that benefit the deaf, hearing and other special needs children. For example, the Department of Audiology and Speech-Language Pathology works with small groups of children needing speech-language intervention and consults with CDC teachers on classroom intervention strategies while the Psychology Department does educational and developmental testing when CDC teachers or parents have concerns.

The CDC/KDES Integration Project objectives are to (a) develop an effective interagency cooperative model for the provision of services to deaf children within a child care setting; (b) design and implement an educational, social, language-rich, integrated preschool curriculum for hearing and deaf children 2-5 years of age; (c) design and implement training to prepare early childhood teachers for working with deaf children and identify teaching strategies that promote social interaction between deaf and hearing children; (d) develop a mechanism to ensure the needs of parents of the deaf children are met; and, (e) develop and disseminate training materials.

Three program components are identified as essential to the provision of a "least restrictive environment" for deaf children (Brasel, 1975; Erting, 1983; Meadow, 1975; Moores, 1987). First, the classroom must become a "total

communication setting." The total communication model combines visually and auditorily accessible language in which sign communication is combined with written and spoken language (Erting, 1983). Visual and verbal language are used simultaneously throughout the day by hearing teachers. Becoming skilled in these techniques is a challenge to hearing early childhood teachers; however, most communities and many campuses offer classes in sign communication.

Second, deaf role models should be present in the classroom. Erting (1983) has observed that deaf teachers are more adept at understanding children's individual communication styles and adapting teaching strategies to the needs of deaf children. Meadow-Orlans (1987) argued that the presence of deaf adults in early intervention reflected positive attitudes about deafness which communicated to hearing parents and deaf children that deafness does not preclude becoming a competent, productive adult. Others have identified positive effects on children's self-concept and self-esteem (Johnson & Erting, 1984; Woodward, Allen & Schildroth, 1988). Gallaudet's Child Development Center has a well integrated teaching staff, with at least one non-hearing teacher, teaching assistant or aide as well as deaf students working with each group of children. Other campus child care centers could collaborate with deaf agencies or deaf clubs in their communities to recruit staff for their programs.

Third, the identification of strategies and activities to teach needed skills to both hearing and non-hearing children must be implemented in order for children to successfully engage each other in all aspects of the child care curriculum. There is evidence that young children prefer play partners who are similar in culture, gender and ethnicity (Hartup, 1983; Katz, 1982; Lederberg,

Chapin, Rosenblatt, & Vandell, 1985). Sensitive teacher intervention is needed to encourage the broadening of friendship networks, and facilitate communication and interaction between the hearing and non-hearing children (Esposito, 1987; Odom & Speltz, 1983).

The Integration Project demonstrates several ways this objective can be addressed. Teacher intervention to promote pro-social and effective communication skills is done discretely within the context of ongoing daily activities. Teacher modelling and prompting help children develop necessary communicative and social skills required for effective interaction (Esposito, 1987). Hearing and non-hearing adults working together model problem-solving and planning skills as they carry out the routines of the day. Drama, art, cooking and other projects encourage cooperative problem-solving among hearing and deaf children (Kreimeyer & Antia, 1988; Odom, & Speltz, 1983).

Teaching strategies that enhance self-concept and encourage self-regulation are critical in integrated programs. Deaf children who participate on a part-time basis must have their own place in the classroom and see their culture and special qualities reflected in displays, materials and activities (Bredekamp, 1987; Derman-Sparks, 1989; Dodge, 1988; Lay-Dopyera & Dopyera, 1986; Schickendaz, 1986). For example, next to the telephone in the dramatic play area, is a TDD, a screen & keyboard device which hooks up to the telephone. Activities and materials in the classroom are relevant to the lives of children, are real and are designed for self-directed use (Almy, 1975; Kamii, 1985; Schickendanz, 1986). Maintaining a stable routine and designing the classroom environment for independence and self-regulation help both the full-time hearing

and part-time deaf children develop a sense of mastery (Bredekamp, 1987; Derman-Sparks, 1989; Kamii, 1985). Assigning a particular adult to each split placement child is an important source of reassurance in dealing with separation and reunion issues (Field, Gewirtz, Cohen, Garcia, Greenberg & Collins, 1984).

Regular and consistent communication at all levels (program administrators, teachers, parents, children) is essential to the success of a split placement integration model. Efforts are made to ensure continuity of language and activities between programs as well as among teachers and parents. Special attention is given to helping parents of the deaf children feel comfortable and involved in the child care center. Regular meetings are held between center teachers, Kendall School teachers and professional staff. Individual Education Plans (IEP) are developed jointly and information regarding each child's progress is shared among all parties.

There are an estimated 7,000 preschool-age children nationwide with severe hearing impairments (Schildroth, Rawling, & Allen, 1989). There are very few child development programs that are willing and equipped to enroll deaf children even though they are fully functioning and competent. What the Gallaudet Child Development/KDES Integration Project demonstrates is that integration within early childhood programs is both possible and beneficial to all involved. The resources are available in most communities to support integration of children with special needs into child care programs. There is new impetus for community services to enter into cooperative agreements with child care centers as a result of P.L. 99-457 (1986). University-based programs have a history of providing leadership in child study and early childhood education.

Campus child care centers are natural candidates for the replication of the Gallaudet Child Development/KDES Integration Model because of their access to academic as well as community resources.

REFERENCES

Almy, M. (1975). The early childhood educator at work. New York: McGraw-Hill

Brasel, K. (1975). The influence of early language and communication environmments on the development of language in deaf children. Unpublished doctoral dissertation, University of Illinois.

Bredekamp, S. (Ed.),(1987). Developmentally appropriate practice. Washington, D.C.: National Association for the Education of Young Children.

Derman-Sparks, L., & the A.B.C. Task Force. (1989), Anti-bias curriculum: Tools for empowering young children. Washington, D.C.: National Association for the Education of Young Children.

Dodge, D. T. (1988). A guide for supervisors and trainers on implementing the creative curriculum. Washington, D.C.: Teaching Strategies, Inc.

Erting, D. J. (1983). Deafness, communication, and social identity: Interactions of deaf with a hearing teacher and a deaf adult. In M. Strong (Ed.), Language Learning and Deafness. Cambridge: Cambridge University Press.

Esposito, B. G. (1987). The effects of preschool integration on the development of nonhandicapped children. Journal of the Division for Early Childhood, 12(1).

Field, T., Gewirtz, J., Cohen, D., Garcia, R., Greenberg, R., & Collins, K. (1984). Leave-takings and reunions of infants, toddlers and preschoolers and their parents. Child Development, 55.

Johnson, R. E., & Erting, D. J. (1984). Linguistic socialization in the context of emergent deaf ethnicity. Wenner-Grenn Foundation Working Papers in Anthropology. New York: Wenner Grenn Foundation.

Hartup, W. W. (1983). Peer relations. In E. M. Hetherington (Ed.), Handbook of Child Psychology (pp. 103-196). New York: Wiley.

Kamii, C. (1985). Leading primary education toward excellence: Beyond worksheets and drill. Young Children, 40(6).

Katz, P. A. (1982). Development of children's racial awareness and intergroup attitudes. In L. G. Katz (Ed.), Current topics in early childhood education, 4, (pp. 16-54). Norwood, NJ: Ablex.

Kreimeyer, K., & Antia, S. (May, 1988). The development and generalization of social interaction schools in preschool hearing-impaired children. The Volta Review.

Lederberg, A. R., Chapin, S. L., Rosenblatt, V., & Vandell, D. L. (1985). Ethnic, gender, and age preferences among deaf and hearing preschool peers. Child Development.

Lay-Dopyera, M., & Dopyera, J. (1986). Strategies for teaching. In C. Seefeldt (Ed.), The early childhood curriculum: A review of current research. New York: Teachers College Press.

Meadow, K. P. (1975). Deafness and child development. Los Angeles, CA: University of California Press.

Meadow-Orlans, K. P. (1987). An analysis of the effectiveness of early intervention programs for hearing-impaired children. In M. Guralnick & F. Bennett (Eds.), The effectiveness of early intervention for at-risk and handicapped children. New York: Academic.

Moores, D. F. (1987). Educating the deaf: Psychology, principles, and practices. (Third Edition). Boston, MA: Houghton Mifflin Company.

Odom, S. L., & Speltz, M. L. (1983). Program variations in preschool for handicapped and nonhandicapped children: Mainstreamed vs. integrated special education. Analysis and Intervention in Developmental Disabilities, 3, 89-103.

Schildroth, A., Rawlings, B., & Allen, T. (1989). Hearing impaired children under age 6: A demographic analysis. American Annals of the Deaf, 134(2), 63-69.

Schickedanz, (1986). More than ABCs: The early stages of reading and writing. Washington, D. C. National Association for the Education of Young Children.

Templeman, T. P., Fredericks, H. D., & Udell, T. (1989). Integration of children with moderate and severe handicaps into a daycare center. Journal of Early Intervention, 13(4).